

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000010340 (5)**  
 1. Corporation Name  
**J.R.A. RACING, INC.**

Principal Place of Business 1320 S DIXIE HWY SUITE 275 CORAL GABLES FL 33146	Mailing Address 1320 S DIXIE HWY SUITE 275 CORAL GABLES FL 33146
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**FILED**

97 FEB 10 AM 11:28

SECRETARY OF STATE

**REINSTATEMENT 96**

*mwb*

2. Principal Place of Business 21 1644 Tigertail Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 1644 Tigertail Ave. Suite, Apt. #, etc.		
22	27		
23 City & State Coconut Grove, FL	28 City & State Coconut Grove, FL		
24 Zip 33133	25 Country USA	29 Zip 33133	30 Country USA

3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Report 04/06/1995
4. FEI Number 65-0465799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POLLACK, GARY W**  
 1320 S DIXIE HWY  
 SUITE 275  
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name  
**Jorge R. Arellano**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1644 Tigertail Avenue**

83

84 City  
**Miami**

85 Zip Code  
**FL 33133**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ARELLANO, JORGE</b>	1.2 NAME	<b>Jorge R. Arellano</b>
STREET ADDRESS	<b>1320 S DIXIE HWY SUITE 275</b>	1.3 STREET ADDRESS	<b>1644 Tigertail Avenue</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33133</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>900002085929-5</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-02/12/97-01127-005</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>***375.00 ***375.00</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Jorge R. Arellano* President Jan 30 97 **856-9519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daving Phone # \_\_\_\_\_

CR2E034 (3/96)